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INSTRUCTION This for appropriate. All the conindicated unless control maintenance fee notification	m should be used for transported the including the directed otherwise	nsmitting the ISSU Patent, advance of in Block I, by (a	JE FEE and F rders and notif a) specifying a	PUBLIC fication new co	CATION FEE (if requ of maintenance fees v orrespondence address	ired). Blocks I through 5 vill be mailed to the curren and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for	
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7590 05/02/2006  ALISA HARBIN, ESQ. CHIRON CORPORATION INTELLECTUAL PROPERTY - R440					Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
P.O. BOX 8097 EMERYVILLE, CA 94662-8097					Michelle L. Couch (Depositor's name)			
,,,,,				:	Wicher	le Id orch	(Signature)	
					August 2 <sup>1</sup> , 2006		(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/929,782	08/13/2001	Robert O. Ralston				154.206	1144	
TITLE OF INVENTION: A	VIIBODIES TO HELATT	IS C VIKUS ASIA		KO I BIN				
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400			\$300	\$1700	08/02/2006	
EXAMINER		ART UNIT		CL	ASS-SUBCLASS			
HILL, MYRON G		1648			435-007100			
CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Pay 03 03 or more recent) attached. The of a Court and a second part of the page 1.25 per page 2.25 p				inting on the patent front page, list names of up to 3 registered patent attorneys of OR, alternatively, ame of a single firm while ages merson up to d attorney or agent) and the names of up to red patent attorneys of agent attorneys at				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNE		elow, no assignee of this form is NO			ne patent. If an assign gan assignment. ITY and STATE OR C		document has been filed for	
Novartis Vaccines and Diagnostics, Inc. 4560 Horton Street, Emeryville, California 94608								
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	itent) :	Individual 🗓 Co	orporation or other private gr	oup entity Government	
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5. Change in Entity Status (	from status indicated above  AALL ENTITY status. See		□ h Applica	nt is no	longer claiming SMAA	LL ENTITY status. See 37 C	TER 1.27(-)(2)	
The Director of the USPTO in NOTE: The Issue Fee and Purinterest as shown by the reconstruction	s requested to apply the Issublication Fee (if required) v	ie Fee and Publicat	tion Fee (if any	() or to r other th	re-apply any previously an the applicant; a regi	y paid issue fee to the applications are attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature	muchael !	Man			Date A	unt 2	Q 00 6	
Typed or printed name Michael J. Morant Registration No. 42.013								

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